ARKANSAS TECH UNIVERSITY



Doc Bryan Student Services Bldg, Room 133 1605 Coliseum Drive Russellville, AR 72801

Ph: (479) 968-0271 Fax: (479) 968-0322

STUDENT CONSENT FOR DISCLOSURE OF STUDENT FINANCIAL AID AND ACCOUNT INFORMATION (FERPA Form)

You may give your permission to allow the Financial Aid or Student Accounts Offices to speak to others that you designate, such as your parents or spouse, regarding your financial aid or account information.

Failure to give this permission will not affect your financial aid eligibility. Giving this permission only releases information held by Financial Aid and Student Accounts. It does not give permission for access to any academic records.

Please complete the option(s) below and return this form to the Student Accounts Office, Doc Bryan Student Services Building Suite 133, Arkansas Tech University, Russellville, AR 72801.

Please Check One:

IDO give permission for these offices to release information to the following: (for example: John Doe, Father; John and Jane Doe, Parents; Joe Doe, Spouse) **PLEASE LIST HERE**:

I DO NOT give permission for any information to be released to anyone other than myself.

.....

Student's Printed Name

Student ID Number (T Number)

Student's Signature